

May 11, 2020

## **IMPORTANT NOTICE RELATED TO COVERAGE**

**Applies to All Participants**

The Coronavirus Pandemic is impacting everyone. The International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund (your Welfare Plan) is taking measures to make sure that you have access to necessary health care during these trying times.

### CHANGES IN BENEFITS

#### Temporary Coverage of Remote Visits

Doctors, clinics, and hospitals are asking patients not to come in unless instructed to do so. Care is being provided by phone, facetime and other video services. This is to protect the patients and the providers. Accordingly,

Effective with claims incurred March 1, 2020 through the duration of this pandemic, the Welfare Fund will process claims for office visits and similar care provided by network providers through telehealth or other remote forms the same as an office visit. The applicable co-pay, co-insurance or deductible continues to apply. Office visits covered by this temporary rule include things such as an urgent care visit, a discussion of whether dosage for medication for an acute condition needs to be adjusted, a diagnosis of a rash, or visits with a mental health or substance use disorder counselor. Physical Therapy (PT), Occupational Therapy (OT) and Chiropractic Services generally cannot be delivered remotely and will not be covered except as pre-certified for the purpose of teaching home exercises and periodically reviewing progress. You will be notified when the Plan will no longer cover these charges. The telemedicine benefit through Teledoc added effective January 1, 2020, continues to be available.

#### Coverage of COVID Related Testing and Treatment

Effective March 18, 2020, the plan covers the cost of COVID-19 diagnostic testing and anti-body testing as well as in-network provider office visits, urgent care center visits, and emergency room visits for the purpose of such testing at 100% without deductibles, copayments, and coinsurance or prior authorization or other medical management requirements. If the cost is not posted on the internet, out-of-network provider office visits, urgent care center visits, and emergency room visits for the purpose of such testing associated with the testing if billed separately from the charge from the provider of the test may be subject to the out-of-network provisions of the plan. When an

immunization or any item or service that is intended to prevent or mitigate COVID-19 is approved that will also be covered at 100%.

#### TEMPORARY MODIFICATION TO ELIGIBILITY RULES

The Plan contains limitation on your use of the Premium Reserve Bank (PRB) for continuing eligibility through the reallocation of credits to supplement employer contributions and where there are no employer contributions for the month. Specifically,

- In any twelve (12) consecutive month period you can only have three (3) reallocations of the whole cost of coverage before losing eligibility; and
- You can only retain eligibility through partial reallocation and/or self-payment for a maximum of twelve (12) months. However, the twelve (12) months get reset when you have eligibility completely through employer contributions for six (6) consecutive months.

When those eligibility rules were written no one could anticipate COVID-19 or the havoc it would cause with work and, therefore, eligibility. Accordingly,

Until further notice the Trustees are suspending the limitation on the use of partial reallocation for maintaining eligibility and reallocation from your PRB may be used as follows:

- In any twelve (12) consecutive month period you can only have three (3) reallocations of the whole cost of coverage before losing eligibility;
- You can retain eligibility through partial reallocation until the amount in your Premium Reserve Bank (PRB) has been exhausted; and
- If you have some but not enough employer contributions for a month of coverage, you can retain eligibility through self-payment without a limit on the number of months.

The Trustees are keeping an eye on the situation and will determine whether to further modify the rules, including whether to suspend the three (3) full allocation rule, and when to end this temporary modification. You will be notified when a change is made.

#### TEMPORARY CHANGE FOR CLAIMS, APPEALS AND COBRA RELATED ACTIONS

The Plan will disregard the period from March 1, 2020 until sixty (60) days after the announced end of the Coronavirus National Emergency (the "Outbreak Period") in determining whether a claim, an appeal, a COBRA election, or a notice of a COBRA or other qualifying event has been timely filed. This means that if your claim, appeal, election or notice is due between March 1 and the end of the National Emergency you have until 60 days after the end of the Emergency to submit the claim, appeal, election or notice and it will be processed. Please note, however, the Plan cannot process something until it has been submitted.

The time to make a COBRA payment is similarly extended. However, it is important to remember, that while a claim will not be denied for lack of coverage, no claims will be paid until an election is made and premiums are paid.

If you have any questions about the information in this Notice or any of your benefits call the Fund Office at 314-62-8175.

**Trustees of the Sheet Metal Workers' Local 36 Welfare Fund**

